



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	7780/16 (P-00303)
Application Number	10/005,391
Filing Date	DECEMBER 5, 2001
First Named Inventor	RODNEY E. NORWOOD
Group Art Unit	3635
Examiner	GREEN, CHRISTY MARIE

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input checked="" type="checkbox"/> Appeal Brief
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Request for Oral Hearing
<input type="checkbox"/> Supplemental Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> (Cardinal Law Group). A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> (Cardinal Law Group). A duplicate copy of this sheet is enclosed.	

## CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Large Entity	
					Rate	Add'l Fee	or	Rate
Total		Minus		0	x \$25=	0		x \$50=
Indep.		Minus		0	x \$100=	0		x \$200=
First Presentation of Multiple Dep. Claim					+\$180=	---		+\$360=
					total add'l fee	\$ 0		total add'l fee
								\$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201	Date	February 23, 2005
Signature		Date	February 23, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450 on this date: February 23, 2005

Signature		Date: <u>February 23, 2005</u>
	FRANK C. NICHOLAS (33,983)	